



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C151132

1. DATE OF REPORT 4/17/2017	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Hawley For Missouri	
3. COMMITTEE MAILING ADDRESS PO BOX 1073 CITY / STATE / ZIP Columbia MO 65205	4. COMMITTEE TELEPHONE NUMBER (417) 413-3310
5. TREASURER'S NAME Tom Walsh	
6. TREASURER'S MAILING ADDRESS PO Box 1073 CITY / STATE / ZIP Columbia MO 65205	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 422-7142 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Katie McGurk	
9. DEPUTY TREASURER'S MAILING ADDRESS PO Box 1073 Columbia MO 65205 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (417) 812-5855 WORK:
11. DATE OF ELECTION 8/4/2020	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2017 THROUGH 3/31/2017	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY JOSHUA HAWLEY 5215 E HIGHWAY 163 COLUMBIA MO 65201 (417) 413-3310 Statewide Office <input type="checkbox"/> CHECK IF INCUMBENT <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Apr 17 2017 3:11PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Apr 17 2017 3:11PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Hawley For Missouri	4/17/2017	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 1,142,833.18		
2. All Monetary Contributions Received This Period	\$ 3,505.00		Money On Hand	
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 326.76			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 3,831.76			
6. In-kind Contributions Received This Period	+ 0.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 1,275,993.30
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 3,831.76		25. Monetary Receipts this Period (From Item 5 - this page)	+ 3,831.76
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 1,146,664.94	26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 211,771.84 b) Disbursements By Cash \$ 0.00	- 211,771.84
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 19,477.30	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 1,068,053.22
10. Expenditures made by cash or check this period	\$ 211,652.52		Indebtedness	
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 211,652.52		28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 231,129.82	29. Loans Received This Period	+ 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card	B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
17. All In-Kind Contributions Made This Period	+ 0.00		31. Payments Made on Loans This Period	- 0.00
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00		32. Debt Forgiven on Loans This Period	- 0.00
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 119.32			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 119.32			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Hawley For Missouri		2. REPORT DATE 4/17/2017	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 3,505.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 3,505.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 3,505.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 3,505.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 3,505.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri	DATE 4/17/2017
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Central Bancompany PAC CITY/STATE: 238 Madison St EMPLOYER: Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE:	2/17/2017 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharon Guidry CITY/STATE: 417 Redwood Forest Dr EMPLOYER: Ballwin MO 63021 Retired -- Retired <input type="checkbox"/> COMMITTEE:	3/30/2017 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Coby Cullins CITY/STATE: 2732 S Farm Road 241 EMPLOYER: Rogersville MO 65742 National Safety Compliance -- Owner <input type="checkbox"/> COMMITTEE:	3/30/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Herschend CITY/STATE: 538 Oak Bluff Road EMPLOYER: Branson MO 65616 Silver Dollar City -- Principal <input type="checkbox"/> COMMITTEE:	3/30/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Langworthy CITY/STATE: 4412 Shoram Court EMPLOYER: Columbia MO 65203 University of Missouri -- Advancement <input type="checkbox"/> COMMITTEE:	3/30/2017 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jose Dominguez CITY/STATE: 810 E Sterling Ridge Ct EMPLOYER: Springfield MO 65810 Cox -- Physician <input type="checkbox"/> COMMITTEE:	3/31/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Samuel Kruvand CITY/STATE: 2111 Alfred Avenue #2f EMPLOYER: Saint Louis MO 63110 Life Care Cntr Bridgeton -- Socail Service <input type="checkbox"/> COMMITTEE:	3/31/2017 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carr Vincent CITY/STATE: 28 Springfield Rd EMPLOYER: Des Moines NM 88418 Self-employed -- Rancher <input type="checkbox"/> COMMITTEE:	3/31/2017 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri	DATE 4/17/2017
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: William Kilroy CITY / STATE: 817 West 61st Terrace EMPLOYER: Kansas City MO 64113 Polisinelli PC -- Attorney <input type="checkbox"/> COMMITTEE:	3/31/2017 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gayle Mason CITY / STATE: 16324 Rae Lee Dr EMPLOYER: Kearney MO 64060 Retired -- Retired <input type="checkbox"/> COMMITTEE:	3/31/2017 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Henries CITY / STATE: 155 Mockingbird Ct EMPLOYER: Ridgedale MO 65739 Marriott -- Breakfast Attendant <input type="checkbox"/> COMMITTEE:	3/31/2017 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Hawley For Missouri		2. Report Date 4/17/2017	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 850.10
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 850.10
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 210,802.42
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 210,802.42
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 211,652.52
16. Amount of Line 15 Above which was Paid Out This Period			\$ 211,652.52
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



7

NAME OF COMMITTEE Hawley For Missouri		DATE 4/17/2017
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Advertising		\$ 347.96
Event expenses		\$ 147.59
Food & beverages		\$ 45.24
Lincoln Days Registration		\$ 25.00
Office expenses		\$ 132.88
Postage		\$ 33.25
Travel		\$ 75.98
Merchant service fees		\$ 42.20
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION

ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri		REPORT DATE 4/17/2017	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Thomson Reuters - West ADDRESS: PO Box 6292 CITY/STATE: Carol Stream IL 60197	1/4/2017	Legal Research \$	\$ <input checked="" type="checkbox"/> PAID 200.75 <input type="checkbox"/> INCURRED
NAME: Daniel Hartman ADDRESS: 6503 Gold Finch Ct CITY/STATE: Columbia MO 65201	1/4/2017	Reimbursed Travel - Mileage \$	\$ <input checked="" type="checkbox"/> PAID 283.50 <input type="checkbox"/> INCURRED
NAME: Josh Hawley ADDRESS: 5215 E Highway 163 CITY/STATE: Columbia MO 65201	1/4/2017	Reimbursed Travel - Mileage \$	\$ <input checked="" type="checkbox"/> PAID 285.12 <input type="checkbox"/> INCURRED
NAME: Josh Hawley ADDRESS: 5215 E Highway 163 CITY/STATE: Columbia MO 65201	1/4/2017	Food & Beverages \$	\$ <input checked="" type="checkbox"/> PAID 341.34 <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	1/4/2017	Reimbursed Expenses - See Form CD-8 \$	\$ <input checked="" type="checkbox"/> PAID 526.48 <input type="checkbox"/> INCURRED
NAME: Ronald Williams ADDRESS: 2210 Country Club Dr CITY/STATE: Columbia MO 65201	1/6/2017	Event expense \$	\$ <input checked="" type="checkbox"/> PAID 150.00 <input type="checkbox"/> INCURRED
NAME: Aegis Strategic LLC ADDRESS: PO Box 88003 CITY/STATE: Colorado Springs CO 80908	1/6/2017	Data lists \$	\$ <input checked="" type="checkbox"/> PAID 1,200.00 <input type="checkbox"/> INCURRED
NAME: DeLullo & Associates LLC ADDRESS: 815 King Street Ste 308 CITY/STATE: Alexandria VA 22314	1/6/2017	Fundraising fee & commission \$	\$ <input checked="" type="checkbox"/> PAID 1,600.00 <input type="checkbox"/> INCURRED
NAME: Williams-Keepers LLC ADDRESS: 3220 West Edgewood Ste E CITY/STATE: Jefferson City MO 65109	1/6/2017	Accounting fees \$	\$ <input checked="" type="checkbox"/> PAID 1,887.00 <input type="checkbox"/> INCURRED
NAME: i360 ADDRESS: PO Box 37046 CITY/STATE: Baltimore MD 21297	1/6/2017	Statewide data subscription \$	\$ <input checked="" type="checkbox"/> PAID 4,800.00 <input type="checkbox"/> INCURRED
NAME: Singularis Group ADDRESS: PO Box 9265 CITY/STATE: Shawnee Mission KS 66201	1/6/2017	Direct mailing \$	\$ <input checked="" type="checkbox"/> PAID 24,643.94 <input type="checkbox"/> INCURRED
NAME: HLC Strategic LLC ADDRESS: 10008 Rosehill Rd CITY/STATE: Lenexa KS 66215	1/6/2017	Strategic planning \$	\$ <input checked="" type="checkbox"/> PAID 30,000.00 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	1/6/2017	Media production fees \$	\$ <input checked="" type="checkbox"/> PAID 30,000.00 <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	1/6/2017	Finance consulting & commission \$	\$ <input checked="" type="checkbox"/> PAID 62,480.72 <input type="checkbox"/> INCURRED
NAME: Holiday Inn Express ADDRESS: 1402 Cinnamon Hill Ln CITY/STATE: Columbia MO 65201	1/11/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 112.34 <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri		REPORT DATE 4/17/2017	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Lutz Famous BBQ ADDRESS: 3505 Missouri Blvd CITY/STATE: Jefferson City MO 65109	1/11/2017	Event expense \$	\$ <input checked="" type="checkbox"/> PAID 1,552.56 <input type="checkbox"/> INCURRED
NAME: Scott Paradise ADDRESS: 7909 Falmouth St CITY/STATE: Prairie Village KS 66208	1/12/2017	Reimbursed Food & Beverages - Subway \$	\$ <input checked="" type="checkbox"/> PAID 108.80 <input type="checkbox"/> INCURRED
NAME: Best of Kansas City ADDRESS: 2450 Grand Blvd Ste 108 CITY/STATE: Kansas City MO 64108	1/13/2017	Campaign supplies \$	\$ <input checked="" type="checkbox"/> PAID 121.19 <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4000 E Sky Harbor Blvd CITY/STATE: Phoenix AZ 85034	1/17/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 351.70 <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4000 E Sky Harbor Blvd CITY/STATE: Phoenix AZ 85034	1/17/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 351.70 <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4000 E Sky Harbor Blvd CITY/STATE: Phoenix AZ 85034	1/18/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 290.00 <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4000 E Sky Harbor Blvd CITY/STATE: Phoenix AZ 85034	1/18/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 290.00 <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4000 E Sky Harbor Blvd CITY/STATE: Phoenix AZ 85034	1/18/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 441.70 <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4000 E Sky Harbor Blvd CITY/STATE: Phoenix AZ 85034	1/18/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 441.70 <input type="checkbox"/> INCURRED
NAME: The Grand Cafe ADDRESS: 107 E High St CITY/STATE: Jefferson City MO 65101	1/19/2017	Food & Beverages \$	\$ <input checked="" type="checkbox"/> PAID 100.18 <input type="checkbox"/> INCURRED
NAME: Scott Patrick Myers Photography ADDRESS: 3701 Bray Court CITY/STATE: Columbia MO 65203	1/23/2017	Photography \$	\$ <input checked="" type="checkbox"/> PAID 1,500.00 <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	1/26/2017	Reimbursed Food & Beverages - Hy-Vee \$	\$ <input checked="" type="checkbox"/> PAID 185.27 <input type="checkbox"/> INCURRED
NAME: MO Republican Party ADDRESS: 105 East High Street CITY/STATE: Jefferson City MO 65101	1/27/2017	Lincoln Day's Registration \$	\$ <input checked="" type="checkbox"/> PAID 175.00 <input type="checkbox"/> INCURRED
NAME: MO Republican Party. ADDRESS: 105 East High Street CITY/STATE: Jefferson City MO 65101	1/31/2017	Lincoln Day's Registration \$	\$ <input checked="" type="checkbox"/> PAID 170.00 <input type="checkbox"/> INCURRED
NAME: Josh Hawley ADDRESS: 5215 E Highway 163 CITY/STATE: Columbia MO 65201	2/1/2017	Reimbursed Travel - Uber \$	\$ <input checked="" type="checkbox"/> PAID 190.52 <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri		REPORT DATE 4/17/2017	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Mine Creek Strategies ADDRESS: Attn: Scott Paradise CITY/STATE: Prairie Village KS 66208	2/1/2017	Communications retainer \$	\$ <input checked="" type="checkbox"/> PAID 1,500.00 <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: 511 E Walnut St CITY/STATE: Columbia MO 65201	2/8/2017	Postage \$	\$ <input checked="" type="checkbox"/> PAID 142.00 <input type="checkbox"/> INCURRED
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	2/8/2017	Media consulting \$	\$ <input checked="" type="checkbox"/> PAID 2,096.77 <input type="checkbox"/> INCURRED
NAME: Elizabeth Johnson ADDRESS: 1118 E Locust St Apt 405 CITY/STATE: Columbia MO 65201	2/8/2017	Officer manager & Reimbursed travel \$	\$ <input checked="" type="checkbox"/> PAID 78.35 <input type="checkbox"/> INCURRED
NAME: Beverages Direct ADDRESS: 20 Danada Square West Suite 305 CITY/STATE: Wheaton IL 60189	2/9/2017	Event expense \$	\$ <input checked="" type="checkbox"/> PAID 239.52 <input type="checkbox"/> INCURRED
NAME: Etsy Inc ADDRESS: 117 Adams St CITY/STATE: Brooklyn NY 11201	2/10/2017	Event expense \$	\$ <input checked="" type="checkbox"/> PAID 156.90 <input type="checkbox"/> INCURRED
NAME: Josh Hawley ADDRESS: 5215 E Highway 163 CITY/STATE: Columbia MO 65201	2/15/2017	Reimbursed Travel - Renaissance Hotel \$	\$ <input checked="" type="checkbox"/> PAID 356.82 <input type="checkbox"/> INCURRED
NAME: Williams-Keepers LLC ADDRESS: 3220 West Edgewood Ste E CITY/STATE: Jefferson City MO 65109	2/15/2017	Accounting fees \$	\$ <input checked="" type="checkbox"/> PAID 1,462.56 <input type="checkbox"/> INCURRED
NAME: Graves Garrett LLC. ADDRESS: 1100 Main Street Suite 2700 CITY/STATE: Kansas City MO 64105	2/16/2017	Legal fees \$	\$ <input checked="" type="checkbox"/> PAID 8,712.40 <input type="checkbox"/> INCURRED
NAME: University Plaza ADDRESS: 333 John Q Hammons Parkway CITY/STATE: Springfield MO 65806	2/27/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 115.29 <input type="checkbox"/> INCURRED
NAME: University Plaza ADDRESS: 333 John Q Hammons Parkway CITY/STATE: Springfield MO 65806	2/27/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 115.29 <input type="checkbox"/> INCURRED
NAME: University Plaza ADDRESS: 333 John Q Hammons Parkway CITY/STATE: Springfield MO 65806	2/27/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 115.29 <input type="checkbox"/> INCURRED
NAME: University Plaza ADDRESS: 333 John Q Hammons Parkway CITY/STATE: Springfield MO 65806	3/1/2017	Travel \$	\$ <input checked="" type="checkbox"/> PAID 529.50 <input type="checkbox"/> INCURRED
NAME: Scott Paradise ADDRESS: 7909 Falmouth St CITY/STATE: Prairie Village KS 66208	3/2/2017	Reimbursed Travel - Mileage \$	\$ <input checked="" type="checkbox"/> PAID 174.42 <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	3/2/2017	Reimbursed Event expense - Hobby Lobby \$	\$ <input checked="" type="checkbox"/> PAID 53.07 <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri		REPORT DATE 4/17/2017	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Elizabeth Johnson ADDRESS: 1118 E Locust St Apt 405 CITY/STATE: Columbia MO 65201	3/2/2017	Reimbursed Travel - Mileage \$	\$ 178.70 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	3/2/2017	Finance consultant \$	\$ 3,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Mine Creek Strategies ADDRESS: Attn: Scott Paradise CITY/STATE: Prairie Village KS 66208	3/2/2017	Communications retainer \$	\$ 4,500.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	3/2/2017	Media consulting \$	\$ 5,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: University Plaza ADDRESS: 333 John Q Hammons Parkway CITY/STATE: Springfield MO 65806	3/6/2017	Travel \$	\$ 115.29 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: University Plaza ADDRESS: 333 John Q Hammons Parkway CITY/STATE: Springfield MO 65806	3/6/2017	Travel \$	\$ 115.29 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	3/8/2017	Reimbursed Travel - See Form CD-8 \$	\$ 492.32 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	3/8/2017	Reimbursed Expenses - See Form CD-8 \$	\$ 985.96 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	3/8/2017	Advertising \$	\$ 1,940.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Williams-Keepers LLC ADDRESS: 3220 West Edgewood Ste E CITY/STATE: Jefferson City MO 65109	3/18/2017	Accounting fees \$	\$ 490.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Freedom Partners ADDRESS: 2300 Wilson Blvd Suite 500 CITY/STATE: Arlington VA 22201	3/27/2017	Event expense \$	\$ 475.70 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	3/27/2017	Media production fees \$	\$ 4,500.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Scott Paradise ADDRESS: 7909 Falmouth St CITY/STATE: Prairie Village KS 66208	3/27/2017	Reimbursed Postage - The UPS Store \$	\$ 15.47 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	3/30/2017	Media buys \$	\$ 6,308.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	3/31/2017	Finance consulting & Reimbursed Expenses \$	\$ 2,056.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri			DATE 4/17/2017	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Total number of Independent Contractor Expenditures exceeded page capacity. View Supplemental Forms.				
TOTAL ALL PAGES			68,219.83	



MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE SUPPLEMENTAL

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE


NAME OF COMMITTEE Hawley For Missouri			DATE 4/17/2017	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	1/4/2017	Reimbursed Expenses: Travel - Holiday Inn Express	124.26	526.48
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	1/4/2017	Reimbursed Expenses: Postage - Fed Ex	36.57	526.48
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	1/4/2017	Reimbursed Expenses: Postage - USPS	6.45	526.48
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	1/4/2017	Reimbursed Expenses: Travel - Mileage	283.50	526.48
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	1/4/2017	Reimbursed Expenses: Advertising - Wix.com	75.70	526.48
DeLullo & Associates LLC 815 King Street Suite 308 Alexandria VA 22314	1/6/2017	Fundraising fee	1,000.00	1,600.00
DeLullo & Associates LLC 815 King Street Ste 308 Alexandria VA 22314	1/6/2017	Fundraising commission	600.00	1,600.00
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	1/6/2017	Finance consulting	5,000.00	62,480.72
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	1/6/2017	Finance commission	57,480.72	62,480.72
Elizabeth Johnson 1118 E Locust St Apt 405 Columbia MO 65201	2/8/2017	Office manager	75.00	78.35
SUBTOTAL				--



MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE SUPPLEMENTAL

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Hawley For Missouri			DATE 4/17/2017	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Elizabeth Johnson 1118 E Locust St Apt 405 Columbia MO 65201	2/8/2017	Reimbursed Expenses: Travel - Mileage	3.35	78.35
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	3/2/2017	Reimbursed Expenses: Travel - Delta Airlines	338.59	492.32
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	3/2/2017	Reimbursed Expenses: Travel - Fairfield Inn	153.73	492.32
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	3/1/2017	Reimbursed Expenses: Travel - Southwest Airlines	459.93	985.96
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	3/1/2017	Reimbursed Expenses: Travel - Fairfield Inn	161.76	985.96
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	3/1/2017	Reimbursed Expenses: Travel - Hertz Rental Car	309.50	985.96
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	3/1/2017	Reimbursed Expenses: Travel - Uber	31.06	985.96
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	3/1/2017	Reimbursed Expenses: Food & Beverages - HMS Host	23.71	985.96
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	3/31/2017	Finance consultant	2,000.00	2,056.00
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	3/31/2017	Reimbursed Expenses: Website hosing fees - Wix.com	56.00	2,056.00
SUBTOTAL 			--	



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C151132

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Disbursement:

Replaced check dated 11/21/2016 payable to Josh Hawley -
Address: 5215 E Highway 163 Columbia, MO 65201 - Reimbursed
Travel - Uber

Amount: 119.32

Miscellaneous Receipt:

Refund received from Thomson Reuters - Address: PO Box 6292
Carol Stream, IL 60197

Amount: 207.44

Miscellaneous Receipt:

To write off check dated 11/21/2016 in the amount of \$119.32
payable to John Hawley - Address: 5215 E Highway 163 Columbia,
MO 65201 - Check was reissued.

Amount: 119.32